

Kata Fetu



LeVa
Pasifika within Te Pou

setting a pacific mental health and
addiction research agenda

SUMMARY

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Foreword

It is my pleasure to present *Kato Fetu: Setting a Pacific Mental Health and Addiction Research Agenda Summary*. This document is Le Va's response to *Te Kōkiri* and the current dearth of Pacific mental health and addiction research.

Kato Fetu is very much future focussed, and looks to improve information and evidence in the Pacific mental health and addiction area. This is vital for policy development and to ensure effective planning and funding of services. The research should also be translated into practical applications for those people working on the ground.

I would like to acknowledge Karlo Mila-Schaaf for the great work and dedication in carrying out the consultation and writing of *Kato Fetu*, Dr Bruce Scoggins for his oversight and advice for implementation of the agenda and Dr Monique Faleafa for her support and commitment.

I wish to also acknowledge and thank my fellow members on the Technical Advisory Group: Jesse Kokaua, Dr Tamasailau Suaalii-Sauni, Lita Foliaki, Vito Nonumalo, Manase Lua and Dr Siale 'Alo Foliaki. I also acknowledge all the hosts of our various fono around the country and particularly, Fuimaono Karl-Pulotu Endemann. Finally, I would like to thank everyone who has played a part in the development of *Kato Fetu*.

The chart has been set and the voyage ahead will be exciting as we take the journey together.

The opportunity of having a constellation of new knowledge – knowledge that is systematically aligned - will map a pathway to recovery and better outcomes for Pacific people and navigate and guide the Pacific mental health and addiction sector.

Kia manuia



Dr Francis Agnew

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Central Region: Capital and Coast District Health Board, Ministry of Health, ALAC, Pacific Health Fono, Whitireia Polytechnic, Vakaola: Pacific Community Health, Maninoa Community Care Trust and Q-nique Ltd.

Northern Region: Tupu: Alcohol and Drug Services (Waitemata District Health Board), Takanga a Fohe (Waitemata District Health Board), Moana Pasifika Network (National Pacific Addictions Network), Health Research Council/Ministry of Health Pacific Mental Health Awards Steering Committee, University of Auckland Department of Pacific Studies, Clinical Research and Resource Centre (Waitemata District Health Board), Counties Manukau District Health Board, Waitemata District Health Board, Pacificare Trust, Pasifika Healthcare (West Fono), 274 Youth Core, Vaka Tautua, Matua Raki, Isa Lei (Waitemata District Health Board), TOA Pacific Inc (Treasuring Older Adults), Faleola Services (Counties Manukau District Health Board), Lotofale Pacific Mental Health Services (Auckland District Health Board), and The Werry Centre for Child and Adolescent Mental Health.

South Island: Waipuna Trust, Pacific Trust Canterbury and the Ministry of Health.

Vision

Kato Fetu is a mix of the terms *Kato* meaning bag or basket in Tonga, Niue and Fiji (*ato* in Samoa and Tuvalu, *kete* in Cook Islands) and *fetu* meaning stars in Samoa, Tuvalu and Niue (*etu* in Cook Islands, *fetu'u* in Tonga and *kalokalo* in Fiji). Combining the two words, *Kato Fetu* translates conceptually to a basket or container of stars.

Fetu has been selected because stars metaphorically resonate in a number of ways.

Stars light up darkness and therefore signify the discovery of research findings (illumination), where nothing is currently known. Pacific people have a shared heritage of being the descendants of great seafaring people, renowned for their navigational skills. The central Pacific Islands are scattered over one third of the earth's surface requiring epic voyages traversed thousands of years before other seafaring cultures undertook trans-oceanic journeys.¹

Successful voyaging depended on the traditional knowledge of expert navigators. Unaided by maps or instruments, Pacific navigators relied on their intimate knowledge of stars, as well as sea conditions, wind and weather patterns.¹

Therefore, it seems appropriate to use the metaphor of stars as illuminating the way forward and providing navigational assistance across an unknown terrain. The basket represents the resources we share and draw from to implement the agenda.

Thus, the vision of *Kato Fetu* is:

“A constellation of new knowledge to illuminate and help navigate the way forward for the Pacific mental health and addiction sector”.

Context

*Te Tāhuhu – Improving Mental Health 2005-2015*² and *Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015*³ identified the need to develop a Pacific mental health and addiction research agenda.

In 2008, the Ministry of Health published a policy paper on Pacific people and mental health. An overarching message of this paper was the “need to improve information and evidence in this area, in order to inform policy development and enhance the focus on national initiatives on Pacific people”.⁴

Le Va was commissioned by the Ministry of Health to develop a research agenda that would identify priorities for mental health and addiction research for New Zealand's Pacific population to be implemented in the next one to five years.

This booklet is a summary document outlining key points of a larger body of work. Separate agendas have been developed by Te Pou to identify priorities for New Zealand's Asian, refugee and migrant populations.

The Pacific Mental Health and Addiction Research Agenda Summary, *Kato Fetu*, is intended to be a resource for the Ministry of Health, students, researchers, funders, decision makers, service providers and others with an interest in Pacific mental health and addiction.

Rationale

The need for information, evidence and research for Pacific mental health and addiction is a priority, particularly in the context of the following:

✦ Pacific people experience higher rates of mental disorder than the general New Zealand population.⁵

In any 12-month period, 25 per cent of Pacific people will experience mental illness compared to 20.7 per cent in the general New Zealand population.

✦ a disproportionately high 'burden' of mental illness.

This includes a high frequency of admissions⁶ for psychotic disorders, a high rate of involuntary admissions, higher rates of substance-related disorders than the general New Zealand population⁵ and more referrals to forensic services.⁷

✦ gaps in service provision and service-use trends.

This includes inequitable access, low utilisation proportionate to need, late presentation,⁵ and longer and more costly hospital stays.⁶

✦ a complex profile of compounding risk and protective factors different from other ethnic groups.

This profile is influenced in part by dynamics of:

- **Migration & acculturation/cultural change** - Rates of mental disorder for New Zealand-born Pacific people are double that of those who migrated after the age of 18.⁵ The psychological impact of adapting to a new culture has long been understood as a significant mental health issue for migrants.
- **Relative socio-economic deprivation** - Unemployment, low income, poor housing, breakdown of family networks and rising alcohol and drug problems are having an increasing impact on the mental health of Pacific people.^{5,6,7,8}

- **A high burden of non-communicable diseases** - Pacific people have disproportionately high rates of non-communicable 'lifestyle' diseases such as cardiovascular disease, diabetes, and stroke.⁸ The relationship between poor physical health and poor mental health is an area of concern for Pacific people.

✦ a rapidly growing, changing and youthful Pacific demographic that appears to be carrying the burden of mental disorder.

The Pacific population has the highest proportion of children (aged 0 to 14) of all of the major ethnic groups (37.7 per cent)⁹, and younger Pacific people are more likely to experience mental disorder and "more serious" mental disorder than older Pacific people.⁵ Pacific youth have also been found to have higher rates of depressive symptoms, suicide ideation and suicide attempts, compared to New Zealand European youth.¹⁰

✦ an under-represented and under-skilled Pacific mental health and addiction workforce.

Increasing capacity and capability of the Pacific mental health and addiction workforce is required to meet the needs of Pacific families, particularly in the areas of clinical and leadership positions.^{11, 12, 13}

✦ Pacific innovation as a response to high unmet needs requires support and validation to contribute to the evidence base.

There have been increasingly innovative responses in the Pacific mental health and addiction sector in the form of: Pacific-centred models, models of care, tools, approaches, measures, instruments, roles, services and models of delivery that draw on Pacific cultural concepts and Pacific indigenous knowledge. These have, for the most part, missed out on the advantages associated with being supported, validated or improved by evidential research findings.

Goals

Kato Fetu is a five-year research agenda that aims to:

- consolidate and systematically build upon previous work
- strategically align and coordinate with current national research initiatives
- clearly define research priorities for investment.

The overarching goal of the research agenda is to strategically and systematically build a comprehensive body of knowledge available to:

- 1) **Inform the Pacific mental health and addiction sector, services and workforce development.**
- 2) **Improve mental health, recovery and addiction outcomes for Pacific people.**

Development of *Kato Fetu*

Participation of Pacific people has been critical in developing the scope, mandate and priorities for *Kato Fetu* (refer to Foreword and Acknowledgements sections). This has included: Pacific people with experience of mental illness, researchers, service providers, clinicians, Matua, primary health organisations, community support workers, district health boards, the Ministry of Health, government and non-government organisations, and groups involved in Pacific mental health and addiction. Several meetings were held in Christchurch, Wellington and Auckland. A Technical Advisory Panel of Pacific researchers, clinicians and leaders was also appointed to oversee development of *Kato Fetu*. Priorities were combined, developed, revised and compared with existing evidence and literature to form a final set of priority themes and research questions.

Research agenda priorities

research priorities fall in to four themes. within each theme is a set of research questions reflecting our knowledge gaps for pacific people and mental health and addiction.

1. understanding mental health and addiction
2. enhancing service responsiveness
3. developing the workforce
4. pacific people with experience of mental illness

Understanding mental health and addiction

“Navigating uncharted waters.”

1. Understanding mental health and addiction

Although the prevalence of mental health disorders and Pacific populations in New Zealand has been described there are significant gaps in our knowledge of risk factors, protective factors and other determinates.

Research questions

- 1.1 What are the determinants of mental health and addiction among Pacific people? Including:
 - knowledge with respect to culture and ethnicity; migration and acculturation or cultural change
 - differences and commonalities between ‘New Zealand-born’ and migrant Pacific populations including New Zealand-based Pacific populations remaining in or returning to Pacific nations
 - socio-economic status (including housing, unemployment, under-employment, low income and socio-economic deprivation and disparities).
- 1.2 What constitutes a mentally healthy Pacific individual, family and community?
- 1.3 Examine inter- and intra-Pacific prevalence rates, including comparisons with international epidemiological data particularly in the Pacific region.
- 1.4 What are traditional understandings of mental illness and recovery, and culture-bound syndromes?
- 1.5 What is our understanding of co-morbid disorders among Pacific people? Including:
 - dual diagnosis and co-existing addiction and mental illness
 - the relationship between non-communicable diseases and mental health.
- 1.6 To what extent are early life experiences determinants of mental health and addiction outcomes among Pacific people? Including:
 - maternal and infant mental health.

Enhancing service responsiveness

“Creating space for Pacific wellbeing.”

2. Enhancing service responsiveness

Developing responsive services to meet the needs of Pacific populations is a key enabler leading to better mental health outcomes for Pacific communities. Access and utilisation of mental health and addiction services by Pacific people and the establishment of services designed to maximise the outcomes from the sector has been under-researched. A number of important research questions need to be addressed.

Research questions

- 2.1 What are the most valid, reliable, effective and appropriate measurement, evaluation, assessment or outcome tools to use with Pacific people?
- 2.2 How effective are the mental health and addiction services that currently serve Pacific communities?
- 2.3 What impact will the changes in Pacific demographics have on mental health and addiction services provision, models of service delivery and workforce?
- 2.4 Why do Pacific people have longer hospital stays, under-utilise and/or present late to mental health and addiction services?

Developing the workforce

*“The right people in the right place
at the right time, delivering the right services.”*

3. Developing the workforce

Building and growing a workforce that is both culturally and clinically competent is critical if services are going to deliver quality services and achieve desired outcomes. Research is needed into a number of issues to ensure that this can be achieved.

Research questions

- 3.1 What is the most effective method to improve the cultural competency of the mental health and addiction workforce?
- 3.2 How can the experiences of Pacific people with mental illness, and the unregulated workforce (particularly the use of cultural support workers and Matua), contribute to enhancing the quality of services?
- 3.3 What are the most effective strategies and methods for growing leadership, building capacity and capability, and developing the Pacific mental health and addiction workforce?
- 3.4 What are the training needs of the entire mental health and addiction workforce that will lead to more responsive services for Pacific people?

Pacific people with experience of mental illness

“It’s about the people, the people, the people.”

4. Pacific people with experience of mental illness

For the development of appropriate mental health services an understanding of the experiences of Pacific people with mental illness is important. The following research questions were a result of the gaps in research knowledge and had significant input from Pacific people with experience of mental illness.

Research questions

- 4.1 What constitutes Pacific service users or consumers, and their perspectives of mental health and addiction recovery, support, treatment, prevention, promotion, service use or service development?
- 4.2 What is our understanding of non-voluntary committals of Pacific people (including use of forensic services)?
- 4.3 What is our understanding of the role diagnoses play for Pacific people?
- 4.4 How do sedation, seclusion and restraint practices affect Pacific people utilising mental health services?
- 4.5 What are Pacific family and community attitudes to mental health and how are these influenced by traditional beliefs and attitudes?

Recommendations

The following recommendations are designed to support the implementation of *Kato Fetu*, the expansion of research, information and knowledge of Pacific mental health and addiction, and translation of *Kato Fetu* into better quality services.

1. The Ministry of Health support Le Va to promote and facilitate the implementation of *Kato Fetu*, working in partnership with agencies committed to funding the research priorities outlined in this agenda.
2. Research findings are translated and disseminated widely to targeted service providers, decision makers and Pacific communities.
3. Collaborative relationships among service providers, researchers and members of the Pacific community are formed to enhance the knowledge transfer of research findings and the uptake of evidence in to practice in the sector.
4. All *Kato Fetu* research projects are technically robust and utilise culturally-sound research methodologies, design and approaches.
5. Strategies to enhance Pacific research leadership are aligned, including capacity building opportunities for new and experienced researchers, community practitioners and researchers in related fields.
6. The Ministry of Health support Le Va to monitor and measure how the priorities of *Kato Fetu* are being achieved over the next five years.

Conclusion

“Mapping a pathway to recovery.”

The development of *Kato Fetu* presents a significant step towards a more strategic and systematic approach to building a comprehensive and relevant Pacific body of knowledge.

Literature review, professional technical expertise and nationwide community consultations were central to the development of these research priorities.

The strategic and consultative nature of *Kato Fetu* acknowledges the importance of developing relevant research which directly addresses the needs of Pacific people living in New Zealand. Funding of priorities, dissemination of research findings, and service provider and community engagement are crucial to the translation of research for frontline services.

The implementation of *Kato Fetu* aims to ultimately enhance the quality of services and improve mental health outcomes and wellbeing for Pacific communities in New Zealand.

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